



Direct Deposit Authorization Form

I, _____, hereby authorize BURNSSEARCH LLC to deposit my pay directly into the bank account(s) listed below. I have attached a voided check or deposit slip for each account so bank transit and account numbers can be verified. This authorization remains in effect until BURNSSEARCH LLC has received written authorization from me of its termination or change.

Employee Signature: _____ Date: _____

NOTE: If your joint account requires both account holders to sign checks or authorize payments, the joint account holder must indicate their agreement with the above terms by signing below:

Financial Institution/Account Number(s):

Account 1: _____
Routing Number Account Number

Checking Savings *(Select one)*

Name of Financial Institution: _____

Address of Financial Institution: _____
Street Address, City, State and Zip Code

Percentage or Amount per Pay Period to Deposit for this Account: _____ *(examples: 100%; \$350)*
(Use when pay is split between two accounts)

Account 2: _____
Routing Number Account Number

Checking Savings *(Select one)*

Name of Financial Institution: _____

Address of Financial Institution: _____
Street Address, City, State and Zip Code

Percentage or Amount per Pay Period to Deposit for this Account: _____ *(examples: 100%; \$350)*
(Use when pay is split between two accounts)

Name of Joint Account Holder: _____
Please print

Signature of Joint Account Holder: _____ Date: _____